

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

**DECLARATION AND POWER OF ATTORNEY**

ATTORNEY'S DOCKET NO.  
**2600/48001**

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am the original, first, and sole inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled **APPARATUS AND METHOD FOR TREATING BODY TISSUES WITH ELECTRICITY OR MEDICAMENTS**, the specification of which was filed on July 26, 1999 under Serial No. 09/360,893..

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorneys:

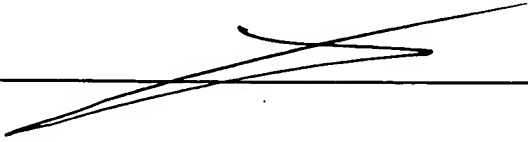
**Charles R. Brainard (Reg. No. 21,069)**  
**John E. Tsavaris, II (Reg. No. 33,804)**  
**Douglas E. Ringel (Reg. No. 34,416)**

**SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:**

**Charles R. Brainard**  
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**One Broadway**  
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**(212) 425-7200 (phone)**  
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I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

**BEST AVAILABLE COPY**

<b>FULL NAME OF INVENTOR</b>	<b>FAMILY NAME</b> <b>RICHTER</b>	<b>FIRST GIVEN NAME</b> <b>Jacob</b>	<b>SECOND GIVEN NAME</b>
<b>RESIDENCE &amp; CITIZENSHIP</b>	<b>CITY</b> <b>Ramat Hasharon</b>	<b>STATE OR FOREIGN COUNTRY</b> <b>Israel</b>	<b>COUNTRY OF CITIZENSHIP</b> <b>Israel</b>
<b>POST OFFICE ADDRESS</b>	<b>POST OFFICE ADDRESS</b> <b>8 Anafa Street</b>	<b>CITY</b> <b>Ramat Hasharon</b> <b>47226</b>	<b>STATE &amp; ZIP CODE/COUNTRY</b> <b>Israel</b>
<b>Signature</b> 		<b>Date</b> <b>2 September 28,</b> <b>1999</b>	

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